SCH1 001

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Attorney Docket Number

/ DECLARATION	<b>FOR UTILI</b>	TY OR	<u></u>					
DE:	SIGN		First Named Inventor Paul Scheb Jr.					
PATENT A		N T	COMPLETE IF KNOWN					
	R 1.63)	-	Application Numbe	r				
Declaration	Declara		Filing Date					
Submitted <i>OR</i> With Initial		ted after Initial surcharge	Art Unit					
Filing (37 CFR 1.16 (e)) Examiner Name required)								
I hereby declare that:	I hereby declare that:							
Each inventor's residence, ma	iling address, a	and citizenship are a	as stated below ne	ext to their name.				
I believe the inventor(s) name which a patent is sought on the			inventor(s) of the	subject matter w	hich is claimed and for			
Game of Chance								
		(Title of the	Invention)					
the specification of which								
is attached hereto								
OR			_					
was filed on (MM/DD/Y	YYY)		as United Sta	tes Application N	umber or PCT International			
A sublication Number			_					
Application Number		and was amended		·	(if applicable).			
I hereby state that I have revie amended by any amendment	specifically refe	rred to above.	or the above iden	tified specification	n, including the claims, as			
I acknowledge the duty to di	sclose informati	tion which is mate	rial to patentabilit	y as defined in	37 CFR 1.56, including for			
continuation-in-part application and the national or PCT intern	ns, material info	ormation which bed	ame available be	tween the filing	date of the prior application			
I hereby claim foreign priority inventor's or plant breeder's ri	benefits unde	r 35 U.S.C. 119(a)	-(d) or (f), or 365	(b) of any foreign	gn application(s) for patent,			
country other than the United	States of Amer	ica, listed below an	d have also ident	ified below, by ch	necking the box, any foreign			
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	ar writers priority	Foreign Filing	Date I	Priority	Certified Copy Attached?			
Number(s)	Country	(MM/DD/YY		ot Claimed	Yes No			
				H				
Additional foreign applicat	ion numbers ar	e listed on a supple	mental priority da	ta sheet PTO/SP	V/02B attached bereto			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of tine you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, F.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

### **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	Custome	er Number:	3	9863	OR		Corresp	oondence address below
Name								
Address								
City				State				ZIP
Country		Telephone			Fax			
I hereby declare that all staten and belief are believed to be statements and the like so ma false statements may jeopardiz	e true; and fur de are punishat	ther that thes ole by fine or i	se state imprisc	ements wo	ere mad both, un	e with der 18	the kno	wledge that willful false
NAME OF SOLE OR FIRST IN	IVENTOR:		] A pe	etition has	been file	d for thi	s unsian	ed inventor
Given Name (first and middle [if any]) Pau	1				Family or Surr	Name	Scheb	
Inventor's Signature	A Sch	eb					_	Date 1-12-04
Residence: City	Státe NJ			Country			Citizen	·
Deptford  Mailing Address	NO	·		USA	<del></del>		US	'A
1850 Bell	evue Ave							
City Deptford	State NJ			ZIF				Country
Deperora				0	8096			USA
NAME OF SECOND INVENTO	R:			A	petition	has bee	n filed fo	or this unsigned inventor
Given Name (first and middle [if any]) Michael  Family Name or Surname Scheb								
Inventor's Signature	ulfu	ub	· r					Date 1/13/04
Residence: City Broomal	State PA			Country USA			Citizen	ship SA
Mailing Address 21 Ghaza	- FA							
21 Strat.	naven Drive	<u> </u>			***			
City	State			ZIP			Countr	у
Broomal	PA			190	800		US	A
Additional inventors or a legal re	Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

PTO/SB/02A (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
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DECLARATION	Supplemental Sheet Page of						
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)	Family Name	or Surname					
Paul	Scheb II						
Inventor's Paul 1. Sout			Date /-	14-04			
Residence: City Springfield	State F	PA C	Country USA	Citizenship			
Mailing Address 135 Wyndmoor Road		·					
Mailing Address							
Springfield City	State	PA e	19064 Zip	Country	USA		
Name of Additional Joint Inventor, if any:		A petition	on has been filed for this	unsigned in	ventor		
Given Name (first and middle (if any)		Family Name or Surname					
Patrick		Scheb					
Inventor's Signature		Date 1/13/04					
Residence: City Upper Darby	State	PA Country USA USA Citizens			USA Citizenship		
Mailing Address 112 Westdale Road							
Mailing Address							
City Upper Darby	State	e PA Zip 19082 Country USA			USA		
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)		Family Name or Surname					
Inventor's Signature		Date					
Residence: City	ate Country Citizenship						
Mailing Address	_						
Mailing Address					*		
City	State		Zip	Country			

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Filing Date	
	First Named Inventor	Paul Scheb Jr.
	Title	Game of Chance
	Art Unit	
	Examiner Name	
	Attorney Docket Number	CCIII 001

Practitioners associated with the Customer Number:   39863	Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name  Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  39863  The address associated with Customer Number:  OR  Address  City  Country  Telephone  Firm or Individual Name  Address  City  State  State	15011.001								
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Practitioner(s) named below:    Name	Practitioner(s) named below:  Name  Registration Number  Name  Registration Number  Registration Number  Name  Registration Number  Name  Registration Number  Name  Name  Registration Number  Registration Number  Name  Registration Number  Registration Number  Registration Number  Registration Number  Name  Registration Number  Registration Number	,	, app			200				
Practitioner(s) named below:    Name	Practitioner(s) named below:    Name	V	Prostitioners appointed t	with the Customer Number		3986	63			
Practitioner(s) named below:    Name	Practitioner(s) named below:  Name  Registration Number  Name  Registration Number  Name  Registration Number  Name  Registration Number  Registration Number  Name  Registration Number  Registration Number  Name  Registration Number  Name  Registration Number  Sales  Registration Number  Regis	الثا	Practitioners associated v	With the Customer Number.						
Name Registration Number  as myour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  Sim or Individual Name  Address  Address  Address  Address  Address  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Great Telephone Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Name Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  Sign or Individual Name  Address  Address  Address  Address  Address  Address  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SignATURE of Applicant or Assignee of Record  Name Paul Assignee of Record	C	)R							
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Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  Signature  Signature  Signatures  Telephone  Signatures  Signatures  Telephone  Telephone  Signatures  Signatures  Telephone  Telephone  Signature Fax  Telephone  Telephone  Telephone  Signature Fax  Telephone  Telephone  Telephone  Signature Fax  Telephone  Telephone  Telephone  Telephone  Signature Fax  Telephone	Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name Address Address City Country Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record	as my/	/our attorney(s) or agent(s	s) to prosecute the application	identified a	above, and to tra	ansact all busine:	ss in the U	Jnited States Patent and	
The address associated with the above-mentioned Customer Number:  OR  39863  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Paul  Signature  Date  Telephone  Rub-314-0-373  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	The address associated with the above-mentioned Customer Number:  OR  39863  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Paul  Scheb Jr.	Trader	nark Office connected the	erewith.					***	
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The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name Paul Scheb Jr.  Signature  Date Telephone & Telephon	The address associated with Customer Number:  OR  Firm or Individual Name Address Address City Country Telephone Fax  I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name Paul  Scheb Jr.									
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First Named Inventor	Paul Scheb Jr.	~
Title	Game of Chance	
Art Unit	- Charles	
Examiner Name		
Attorney Docket Number	SCH1 001	

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SIGNATURE of	Applicant or Assignee of Record
Name Michael 000	Scheb
Signature Mukul Subul	
Date 1-13-04	Telephone 610-355-929
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Filing Date		
First Named Inventor	Paul Scheb Jr.	
Title	Game of Chance	•
Art Unit		
Examiner Name		
Attorney Docket Number	SCH1 001	

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First Named Inventor	Paul Scheb Jr.	_
Title	Game of Chance	_
Art Unit		_
Examiner Name		_
Attorney Docket Number	CCU1 001	7

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		SIGNATURE of	Applicant	or Assignee of R	Record		
Name	Patrick			Scheb			
Signature	Cato s	ab					•
Date	1/13/04				Telephone	(6K	)449-9589
NOTE: Signation	atures of all the inventor than one signature is n	s or assignees of record of the entil equired, see below*.	re interest or	their representative	(s) are required.	Submit mu	ultiple
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